



APPLICATION FOR EMPLOYMENT

Lycoming-Clinton Counties Commission for Community Action (STEP) Inc.

2138 Lincoln Street

Williamsport, PA 17701 (570) 326-0587

We consider applicants for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Position for which applied:

Date of application:

Last Name First Name Middle Initial Phone

Street Address E-mail

City, State, Zip

Are you legally eligible for employment in the United States? ☐ Yes ☐ No
(Proof of citizenship or immigration status will be required for completion of I-9 upon employment)

Do you have a means to regularly travel within Lycoming & Clinton Counties if a position requires? ☐ Yes ☐ No

School Name & Address	Jr./Sr. High School	Undergraduate	Graduate/Professional	Trade/Technical
Years Completed	8 9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/ Degree				
Describe Course Of Study				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Typing: ☐ No ☐ Yes WPM _____ **Word Processing:** ☐ No ☐ Yes

Equipment you can operate or special skills

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EMPLOYMENT – List below all present and past employment, starting with your most recent.
(If you need more space, please use additional paper)

Dates From: To: May we contact Yes <input type="radio"/> No <input type="radio"/> Reason	Name of Employer	Position or Title
	Street Address	Describe your Duties
	City State Zip	
	Telephone No.	
	Supervisor	Reason for leaving

Dates From: To: May we contact Yes <input type="radio"/> No <input type="radio"/> Reason	Name of Employer	Position or Title
	Street Address	Describe your Duties
	City State Zip	
	Telephone No.	
	Supervisor	Reason for leaving

Dates From: To: May we contact Yes <input type="radio"/> No <input type="radio"/> Reason	Name of Employer	Position or Title
	Street Address	Describe your Duties
	City State Zip	
	Telephone No.	
	Supervisor	Reason for leaving

VOLUNTEER EXPERIENCE

Dates From: To: May we contact Yes <input type="radio"/> No <input type="radio"/> Reason	Agency	Position or Title
	Street Address	Describe your Duties
	City State Zip	
	Telephone No.	
	Supervisor	

STEP, Inc. may contact the employers listed above unless indication is given otherwise.

Branch of Service	Describe your duties and any special training
Period of Active Duty (month & year)	
Date of Final Discharge	

Professional Registration/Certification (if applicable to position for which applied)	License/Certification No. (such as Class IV license)	State or Agency
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Positions that require special registration or certification—Proof of above will be required upon hire.

For positions that require an Act 33 clearance, do you currently have such documentation from the Pennsylvania Department of Public Welfare and the Pennsylvania State Police or FBI if not a PA resident?

- o No o Yes If Yes, please provide a copy of your clearance with this application or proof of applications for clearance. (Proof of application or actual clearance will be required prior to hire.)

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

Please add any information you feel would be beneficial to STEP, Inc. in evaluating your application:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- 1.
- 2.
- 3.

I certify that I have not knowingly withheld any facts or circumstances that would detrimentally affect this applications. It is agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of an employment offer or for dismissal from service if I am employed.

I hereby authorize STEP, Inc. to contact my former employers or volunteer agencies unless otherwise indicated, to make inquiries regarding my work record, and/or to contact listed schools for the release of records and transcripts.

APPLICANT'S SIGNATURE: _____ DATE _____

This Organization Participates in E-Verify



This SWA will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each applicant's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this SWA is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

SWA and employers may not use E-Verify to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

If you believe that your SWA has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at

1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218

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E-VERIFY IS A SERVICE OF DHS AND SSA

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VOLUNTARY SURVEY

The completion of this survey by you is voluntary. The purpose of this survey is for STEP to gather sufficient information in order to comply with governmental record keeping, reporting and other legal requirements.

All applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, non-job related handicap, or any other legally protected status.

If you choose to volunteer the requested information, please note that this Survey will be separated from the application before the application is reviewed. The Survey is then kept in a confidential file. **This Form will not be considered a part of your application for employment.**

THE INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

NAME: _____ YEAR OF BIRTH: _____

How do you describe yourself? **Check the two that best apply.**

_____ Female

_____ Male

_____ Black (Not of Hispanic origin): Persons having origins in any of the black racial groups of Africa.

_____ Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American of other Spanish culture or origin, regardless of race.

_____ White (Not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North America, or the Middle East.

_____ American Indian or Alaskan Native: Persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____ Asian or Pacific Islander: Persons having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, and Samoa.

_____ Other (Please Specify) _____

Would you describe yourself as disabled? _____ Yes _____ No

Position for which you are applying: _____

Date of your application: _____

How did you first learn of this position opening? **Please check only one!**

_____ Payroll Notice

_____ Notice to Head Start Parents

_____ STEP Board Member(s) or STEP staff person

_____ County Employment Office

_____ County Assistance Office

_____ College Placement Office

_____ Community Organization - Please specify: _____

_____ Friend/Relative not from any of the above categories.

_____ Newspaper Advertisement

_____ Other - Please specify: _____

Thank You!